

Family Centered Care



Definition: Family Centered Care is a mutually collaborative health care effort between family, patient and provider and has proved essential in providing effective patient care. It is an art as well as a skill and therefore it requires practice.

Demonstration: Demonstration of Family centered care is in one's actions and behaviors when caring for patients. These actions and behaviors include: Attention to human needs, Respect, Patient accountability, Inclusiveness, Communication with families, Collaboration with families and Cultural and Developmental Competency.

Family centered care is demonstrated in practice, not just policy development.

Attention to Human Needs: Treat patients and families as individuals and people with problems just like yourself. Use a person's name. It is okay to ask a parent their first name so that you can call them by name. Let them know what to expect in advance (if you can). Treat families and their relatives with respect and consider the needs of the entire family. Include families in the decision making process.

Respect: Treat others with the same respect that you want to receive yourself. This starts with your patient and their family and it shows in your interaction with your partner, colleagues, hospital staff and the public.

Patient Accountability: At the end of a call, can you say, "I did my very best for my patient?" I considered their needs and the needs of the entire family

Inclusive: Provide direct, honest and open communication. Use a calm and nonjudgmental tone of voice. Engage the child and family, treat both with respect. Include a family member in resuscitation and decision making as they desire and are capable. If possible, designate a crew member to be a liaison to the family in order to facilitate communication and continuity.

Communicate with Families: Identify yourself to the child and the family
Identify a team member that would interact with the family and keep them updated
Ask them how they would like to be addressed and how the patient likes to be addressed
Watch for ways to distract the child i.e. a story, toy, blanket, humor, pen light, etc.
Watch for verbal and non-verbal cues as to whether they seem to understand the information that is being presented
Speak simply about what you are doing
Tell the family what you are about to do and what they can expect
Pay attention to your tone of voice
Allow and encourage conversation between the parent and the child
Ask open ended questions i.e. (tell me about your pain)

Touch the child in a non-invasive way as well as allow the family to touch and nurture their child if at all possible

Collaboration with Families: Empower the patient and the family by involving them in the care as well as the decision making process

Family Centered care is a skill requiring competency and caring. Like any other fine tuned skill it requires practice

Gather staff and develop language on how to describe the situation so information is *consistent*

Family Centered Care = compassion

Cultural Competency: Respect, sensitivity, and an understanding of the unique cultural and religious differences

Be aware of any language barriers

If at all possible engage an interpreter that is able to understand some of the emotional issues as well as medical terminology associated with a trauma

An understanding of the hierarchy of the family is key to a positive outcome

Developmental Competency: Use appropriate language for the age.

When in pain or hurt children often regress to childhood issues or more infantile responses. They may still need attachment items late in life.

Describe what you will be doing

Use eye contact and touch when appropriate

Be respectful at all times

Infants: General calming measures (Soft voices, gentle pats, pacifiers or rocking)

Allow parents to stay close and bonded with the child and help them to anticipate the situation if possible

Toddlers: toys, teddy bear, blanket

Parents or family members are often a great source of comfort and nurturing.

Allow them to be present

School Age: attachment objects, honesty about procedures, “no owies until I tell you,” imaginary thinking (I made the car crash, I told a lie and that is why mom is hurt) Refrain from conversations about a child’s treatment unless you are including them

Adolescents: Physician and provider honesty is key as well as paying attention to pain...Help them to participate in their own care and take their views seriously. Focus on giving them some sense of control. Pain management is key.

Adolescents as well as adults are afraid of pain. The anticipation of pain can be worse than the pain itself. Some transitional objects/toys/stuffed animals can also be useful. Respect their privacy and modesty as much as possible. Allow them to discuss what is happening both with and without caregivers around.

Teaching Points

The “art of family-centered-care” requires practice and thoughtfulness.

Family Centered Care is an art as well as a skill and therefore it requires practice. Are we willing to join hands in order to practice our skills? As a parent I need you. As a provider you need me. We all want to make a difference in our own lives, in our communities, and in the lives of our children. It is never going to be “ok” for a parent or a child to be where we are in this event. As parents or patients our wish would be to never need this type of help. Family centered care is looking into the eyes of a parent or child and seeing the hurt as well as the hope. The hope is the easy part. Listen before you speak and help us to understand. As a parent I most likely have had little practice in what I am about to do in this emergency situation. You, as a provider have an awareness of the possibilities before me. We are all standing in one of the most intimate and vulnerable experiences of any human being. “I will most likely not remember all the medical information you communicate to me. What I will remember is how you made me feel, even when you delivered bad news.”